



2016 MONTANA NONRESIDENT LANDOWNER SPONSORED DEER APPLICATION

Applications must be postmarked by the
US Postal Service on or before March 15, 2016

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSE SECTION - Combination
1420 E 6th AVE
PO BOX 8009
HELENA, MT 59604 - 8009

FWP 2016 FORM/DEC2015

MANDATORY INFORMATION Please Print Clearly

DATE OF BIRTH	MM	DD	YYYY	ALS	DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is your date of birth followed by a 1 to 3 digit number. If you have not applied for or purchased a Montana license you will not have an ALS#. You will be issued an ALS# after your application is processed.					
NAME					JR., SR., ETC.		HOME PHONE		WORK PHONE	
FIRST MI LAST					CITY		STATE		ZIP CODE	
MAILING ADDRESS					CITY		STATE		ZIP CODE	
PHYSICAL ADDRESS SAME AS MAILING <input type="checkbox"/>					CITY		STATE		ZIP CODE	
<input type="checkbox"/> Female	Feet Inches		WEIGHT		BALD BROWN BLACK GRAY BLOND RED	BLACK GRAY BLUE GREEN BROWN HAZEL	<input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country)			
<input type="checkbox"/> Male	HEIGHT				Hair Color (Circle One)		Eye Color (Circle One)		COUNTRY	
Last 4 digits of SOCIAL SECURITY #		OCCUPATION		HUNTER EDUCATION REQUIREMENT Any hunter who is born after January 1, 1985 must submit with all hunting license applications a copy of their certificate verifying that he/she has completed a course in hunter education from any state or province.				DEPARTMENT USE ONLY		
<input checked="" type="checkbox"/> ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print. (Faxed or photocopied signature not acceptable) All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-6-302					FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: Even if you choose NO, under state law FWP is required to allow those who wish to compile their own mailing list access to department records, including name, address, gender, residency and whether you were successful.					

☐ **LANDOWNER SPONSORED DEER COMBINATION \$597.00**
(Includes: General Deer, Upland Game Bird, Fishing, Conservation & Base Hunting License)

DEPARTMENT USE ONLY	L
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☐ **LANDOWNER DEER PARTY (Optional)** Up to 5 people in a party. All members in this party must be applying for Landowner Sponsored Deer with each party member having a signed certificate from the Landowner. If applying as a party, check the box and then print your name along with the other party members below. **All party members applications must arrive together in the same envelope.**

NUMBER IN PARTY 1) _____ 2) _____
3) _____ 4) _____ 5) _____

☐ **DEER PERMIT \$5.00 NONREFUNDABLE APPLICATION FEE**
(Not all landowner sponsor licenses require a permit for a mule deer buck. Check your hunting district.)

HUNTERS WHO DRAW A SPECIAL PERMIT TO HUNT MULE DEER BUCKS MAY NOT HUNT MULE DEER BUCKS ANYWHERE ELSE IN MONTANA.

Do you wish to participate in the bonus point system for a Deer Permit? If yes, add \$20.00 ☐ YES ☐ NO

Complete each choice using all five-digits found in the 2016 packet. Any applications without the correct five-digits hunting district permit code will be removed from the drawing.

FIRST CHOICE - PERMIT NUMBER
SECOND CHOICE - PERMIT NUMBER
THIRD CHOICE - PERMIT NUMBER

PARTY (Optional) Up to 5 people in a party which must have the same hunting district(s), in the same order, and the same bonus point participation.

☐ If applying as a party check box to the left. Print your name along with the other party members below.

NUMBER IN PARTY 1) _____ 2) _____
3) _____ 4) _____ 5) _____

HUNTERS AGAINST HUNGER DONATION The donations will fund a program that processes donated wild game and distributes the meat to those in need. ☐ YES ☐ NO
If yes, in the amount of \$ _____

NO PERSONAL OR COMPANY CHECKS

Pay by: Money Order, Cashier's Check, or International Draft on US Bank

PAYABLE TO: Montana Fish, Wildlife & Parks

M. O. / CASHIER'S CK # _____

APPLICATION AMOUNT \$ _____